



Membership Application

Member Name: _____ Former Name (if changed): _____

MTAPA Member Number (if known): _____ New Member Renewing Member

Home Address: _____

City: _____ State: _____ Zip code: _____

Home Phone #: _____ Fax #: _____ E-mail: _____

Employer: _____

Supervising Physician: _____

Work Address: _____

City: _____ State: _____ Zip code: _____

Work Phone #: _____ Fax #: _____ E-mail: _____

Preferred Contact: Home Work

MTAPA occasionally makes its mailing list available to certain select groups. May we distribute your name to these groups?

Yes No

MT License #: _____ AAPA Membership #: _____

NCCPA Certification #: _____ Expiration Date: _____

PA Program: _____ Graduation Date: _____

MTAPA DUES RATES

(Membership year is January 1 to December 31, however if you join by on or after October 1st your dues are paid through the following year.)

- FELLOW:** Physician Assistant fellow members of the AAPA, licensed and practicing in MT.
Dues \$65.00/year
- NON-FELLOW:** Physician Assistant not a member of the AAPA, but is licensed and practicing in MT.
Dues \$65.00/year
- ASSOCIATE:** A supporter or a PA not practicing or not certified, or an out-of-state PA.
Dues \$55.00/year
- STUDENT:** Must be attending an ARC-PA accredited program or successor agency approved PA Program.
Dues \$25.00/ 2 years
- DONATION TO THE MTAPA STUDENT SCHOLARSHIP FUND** (specify amount): _____

We now accept credit cards (check one): Visa MC AMEX

Name on card: _____ Card Number: _____

Expiration Date: _____

Please submit this form along with your payment to:

Montana Academy of Physician Assistants
2475 Village Lane
Suite 300
Billings, MT 59102